RNWALL COUNTY COUNCIL

(EDUCATION COMMITTEE)

Annual Report

OF THE

SCHOOL MEDICAL OFFICER

1948

R. N. CURNOW, M.B., B.S., D.P.H.

TRURO:
OSCAR BLACKFORD, LTD., ROYAL PRINTERIES.

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ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1948

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
TRURO.

August, 1949.

To the Chairman and Members of the Education Committee of the Cornwall County Council:

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present a report dealing with the School Medical Services for the year 1948.

The introduction of the new National Health Service on 5th July greatly diminished the responsibility of the Education Committee for the treatment of established disease in school children. The Hospital Services and many of the Clinic Services hitherto the responsibility of the Education Committee were taken over by the Regional Hospital Board, who should, I think, appreciate the care which the Education Committee has always taken to see that children shall receive the best available treatment. The Committee has no cause to be modest about the arrangements which they had made in this County in conjunction with the Hospitals and the Medical Profession for the proper utilisation of Hospital resources in Cornwall. These arrangements have not been made without criticism and resistance, but the welfare of the children concerned has been the sole criterion in deciding which Hospital should be recognised for which purposes. The scheme was based

largely on the Emergency Medical Service arrangements introduced during the war, and had regard to the recommendations of the various Hospital Surveys which had taken place in Cornwall during recent years.

It is, however, right and proper that the Education Committee should be relieved of the responsibility for providing Medical Services which are more appropriate to bodies such as Regional Hospital Boards and Executive Councils which are concerned primarily with medical matters. We are left with the most important duty of keeping the health of tens of thousands of children who attend our schools under constant review, and taking such steps as may be possible to safeguard them, and to ensure that they are capable, from the medical point of view, of benefitting to the full from the education which they are offered. In carrying out this duty, more and more attention is being paid to the mental as well as the physical health of school children, and members will, I think, be interested in the lengthy Section included in this Report, written by the County Psychiatrist. The provision of special educational facilities for educationally sub-normal children remains an urgent problem, and it is hoped that a start will be made at Pencalenick in the reasonably near future.

Extended arrangements have been made for the dental treatment of school children, who are accepting treatment in ever greater numbers. A Dental Sub-Committee, consisting of equal numbers of representatives from the Education and Health Committees, has prepared a Scheme for the establishment of Dental Clinics throughout the County, and these are being adapted and equipped as quickly as possible. Staffing them with qualified Dental Surgeons is still the greatest difficulty.

In the rapidly changing circumstances of the present time, when Services formerly operated by one Authority pass to another in whole or in part, the secret of success obviously lies in friendly co-operation between the various branches of the Medical Services. It is a pleasure to record the happy relationship which exists between the School

Medical Service, the Hospital Services, and the Executive Council for Cornwall, which is due in large part to the fact that there are members of the Education and Health Commitees who are also members of the Hospitals Management Committee and of the Executive Council.

Throughout these times of rapid change, I am most grateful for the support I have invariably enjoyed from the Chairman and Members of the Committee, the Secretary for Education and his staff, the Teachers, and the various Voluntary Bodies associated with the School Medical Service; I also value very highly the loyalty and consistent hard work of the whole staff of the School Medical Department, and particularly the assistance I have received from Dr. J. A. Clark, who has assumed personal responsibility for so great a proportion of the administration of the School Medical Services in these difficult times.

I am,

Your obedient Servant,

R. N. CURNOW,
School Medical Officer.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1948.

STAFF.

School Medical Officer:

R. N. CURNOW, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., ~~R.C.P.S.~~

Deputy School Medical Officer:

E. R. HARGREAVES, M.D., M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant School Medical Officer:

J. A. CLARK, M.B., B.S., M.R.C.S., L.R.C.P.

School Psychiatrist:

S. W. DAVIES, M.R.C.S., L.R.C.P., D.P.M.
(Commenced 9.2.48).

Assistant School Medical Officers:

MARGARET CASTLE, M.A., M.B.Ch.B.
(Commenced 26.9.48).

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.

C. C. ELLIOTT, K.H.P., M.D., M.R.C.S., L.R.C.P.

MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.

JEAN D. MCKELLAR, M.B., B.S.
(Commenced 1.12.48).

JEAN D. MCMILLAN, B.Sc., M.B.Ch.B.

J. REED, M.B.Ch.B., Bsc., D.P.H. ×
(Commenced 1.9.48).

L. RICH, M.B., Ch.B., D.P.H., M.R.C.O.G. ×
(Commenced 1.8.48).

} also ~~one~~ M.O.H

WINIFRED M. RYAN, M.R.C.S., L.R.C.P.

P.J. Fox M.B., Ch.B., D.P.H. (left 31.5.48)

Senior Dental Surgeon:

K. BATTEN, L.D.S.

Assistant School Dental Surgeons:

R. J. R. BAKER, L.D.S. (Resigned 30.9.48).

W. K. BATTEN, L.D.S.

H. J. EAGLESON, L.D.S.

P. W. EDDY, L.D.S.

W. H. ELLAM, B.D.S.

D. A. PATTERSON, L.D.S. (Commenced 14.10.48).

F. H. STRANGER, L.D.S. (Commenced 6.9.48).

F. R. TAYLOR, L.D.S.

E. TOWNEND, L.D.S. (Died 13.9.48).

Ophthalmic Surgeon:

H. D. DRENNAN, M.B., B.Ch., B.A.O. (Part-time).

Speech Therapist:

MISS M. E. TIPPETT, L.C.S.T. (Resigned 31.12.48).

Dental Attendants:

MRS. C. D. GOOD.

MISS B. M. HAWKEY. (Commenced 12.7.48).

MRS. J. HEATH. (Commenced 1.9.48).

MISS E. M. KELLAWAY.

MISS R. J. MCGREGOR. (Commenced 19.7.48).

MRS. D. MCLEAN.

MISS P. PARKYN. (Resigned 1.6.48).

MISS M. RAYMOND.

MISS R. P. ROWE.

MISS E. R. SHUTE.

MISS B. WHITFORD.

STATISTICS.

Population ...	...		329,828
School Population	...		39,375
No. of Schools:			
Primary	...	335 with	30,700 pupils
Secondary:			
Grammar	...	21 with	5,100 pupils
Modern	...	17 with	3,260 pupils
Technical	...	2 with	275 pupils (full-time)
Nursery	...	1 with	40 pupils
			39,375

ANNUAL REPORT, 1948.

The year 1948 has seen further changes caused by the introduction of the National Health Service Act of 1946 and its effect on the School Health Service. The domiciliary treatment of children is now undertaken under the National Health Service Act, so that every child is now entitled from 5th July, 1948, to free medical attention both at home and in hospital with all concomitant specialist facilities. Consequently we have been able to hand over the Specialist Clinics dealing with Ear, Nose and Throat conditions and Orthopaedic conditions to the Regional Hospital Board. The remaining Specialist Clinics which have been previously our responsibility, namely the Ophthalmic Clinics, are still, at the end of the year, being conducted under our auspices, pending the completion of arrangements by the Regional Hospital Board to take over these entirely.

The Ophthalmic Clinics have been in existence since the inception of the School Medical Service in 1915 and have mainly been carried out with the aid of School Doctors, especially experienced in this speciality.

The Orthopaedic Clinics started in 1927 under Mr. Rentoul as a completely new service, there having been no specialist orthopaedic work in Cornwall previously.

The Ear, Nose and Throat Clinics have been in existence under the School Medical Service since the year 1939, and have been under Mr. Sheridan's supervision. Previously tonsil and adenoid operations have been carried out by the family doctors.

The free domiciliary treatment of school children from July, 1948, marks a great step forward and is undoubtedly one of the greatest advantages of the National Health Service Act, as previously this involved direct payment on the part of the parent or guardian and in times of hardship involved great strain, medical advice often not being sought until too late.

The introduction of the National Health Service Act also saw a further expansion of the work of School Medical Officers in taking over the advisory consultations at Infant Welfare Centres. This increase of School Medical Officers' duties has involved the appointment of two additional School Medical Officers to ensure satisfactory attendances at these Clinics. It is hoped at some future date that the work of the School Medical Officers will be further broadened by attendances at Pediatric Clinics in hospitals when a Consultant Pediatrician has been appointed and further children's accommodation has been provided in the hospitals.

The year 1948 has also seen the introduction of the Children's Act and the appointment by Cornwall of a Children's Officer, under whom the care of all deprived children has been concentrated. Previous to this there were a large number of authorities who were dealing with this subject with consequent overlapping in this work.

During this year the sanitary condition of schools, specially as regards water supplies and sewage disposal, has been investigated by the County Sanitary Officer and his staff. This survey was confined to those schools not supplied with water from public mains. Water from 136 schools not on public mains was submitted to both chemical and bacteriological examination in the laboratory of Dr. Hocking at

the Royal Cornwall Infirmary. This showed that 30 of these 136 schools had an unsatisfactory water supply, considered unfit for drinking purposes, and steps have been taken to improve matters by cleaning out and repairing wells and pumps, etc., and where that is not practicable instructions were issued that the water should only be drunk after boiling. It is interesting to note that out of these 30 schools there were 24 that had been listed for discontinuation and 4 for reconstruction under the original "Development Plan of 1946" which is now under further review. One of these schools was being held in a building hired temporarily as a school. It has been the policy of the Local Education Authority that when public water supplies become available schools are connected up to this and to the public sewer as soon as possible.

When the majority of the schools in Cornwall were originally built 50-60 or more years ago they were the last word in the building construction of schools, but with the advance of modern ideas these buildings have become antiquated and out of date and not in accordance with the modern conceptions of what school buildings should be. It would be easy to comment in stronger words on the necessity for the rebuilding of many schools in Cornwall and on remodelling their sanitation, and indeed this has been pointed out by various local authorities in reports of enquiries by the local Medical Officers of Health in their own neighbourhoods. It is regretted that the difficulties of the times have not permitted a start to be made on the extensive building programme contemplated by the Local Education Authority.

The requirements of modern sanitation presuppose a full and continuous piped water supply, available to the whole County and until such a supply is available the sanitation of buildings without such a supply cannot be regarded as satisfactory.

That the antiquated and out of date school buildings and their annexes have not had an injurious effect on the health of children is borne out by the opinions expressed by

the School Medical Officers that the physical health of school children continues to improve, and also by the absence of any epidemics of a serious nature which could be attributed to the antiquated type of sanitation in certain of these schools.

The reorganisation of the schools which has taken place first under the Hadow Scheme and now under the Education Act of 1944 has involved the concentration of pupils into schools in the towns, firstly as juniors and seniors and now primary and secondary, so that schools in the towns are stretched to capacity and some of the rural schools have been left with markedly reduced numbers. Thus, to mention an example in a typically agricultural part of the County, St. Ewe School, originally built to accommodate 154 pupils now has only 16. Similarly the demand for Grammar Secondary school education has been stretched so that practically all Grammar schools have now considerably larger numbers than they were originally built to accommodate. This has led to a consequent demand for enlarging the annexes and sanitary accommodation in these schools, which has involved the Local Education Authority in considerable expense.

In consequence of the increased birth rate of the last few years the schools, especially the infants schools, are now faced with an increasing number of children commencing education for the first time, which may lead to a tendency to overcrowd certain of the infant schools in the more populous districts. It remains to be seen whether this is a permanent rise in the birth rate or whether it is likely to return to pre-war level; there has been a drop in the birth rate for 1948.

THE MEDICAL SERVICE.

(a) **Medical Inspections.** The general health of school children in Cornwall continues to be satisfactory and there have been no epidemics of a serious nature in schools.

18 cases of infantile paralysis occurred, compared with 33 in 1947, but no child attending a Cornish maintained

school has died from this disease. There were two fatal cases in boys attending a direct grant Grammar school in Cornwall in November of this year, but no further cases have been reported.

Diphtheria continues to show a drop, only 28 cases of all ages being reported in Cornwall with no deaths, as against 42 cases with 5 deaths in 1947.

The use of the new National Medical Schedules at the school medical inspections has proved satisfactory, with the exception of completing the record of weights of school children, without which the Height Weight Chart cannot be made out for each child. The difficulty in this connection is the scarcity of weighing machines, and the difficulty of transporting the existing machines to different schools. It is hoped that when these machines are more plentiful there will be one for each school.

It has been found by School Medical Officers that more time has now to be devoted to the individual medical examinations of children, as defects are recorded in greater detail and also an increasing number of parents are attending medical inspections to discuss with the School doctors the health of their children.

Special attention was given to the oubreak of ringworm of the scalp in the Penzance area which originated in 1947. The outbreak was limited to 12 cases, these being of microsporum audouini type. In this connection we are indebted to Dr. Whitlock, the consulting Dermatologist for his assistance and advice.

(b) Milk in Schools Scheme and School Canteens

i. **Milk.** This scheme continues to run satisfactorily and all children in schools are enabled to get free milk under arrangements made by the Ministry of Food.

No schools were without a milk supply at the end of the year although 5 schools were being supplied with dried milk, owing to our inability to find a fresh milk supplier.

MILK FIGURES.

Type of Milk	No. of Suppliers.	No. of Schools.	No. of children taking milk in Oct. 1948.
T.T.	26	47	2,882
Accredited	16	21	1,454
Boiled	38	38	1,462
Pasteurised	27	262	22,932
Total	107	368	28,730

Schools having dried milk ... 5

School without milk ... 1 (this school commenced a milk supply in November 1948).

ii. **Canteens.** 8 new canteens and 6 serveries were opened during the year making a total of 140 canteens and 58 serveries in operation, providing 3,105,623 mid-day meals during the year. The standard of cooking and cleanliness in these canteens remains excellent. In those schools in which meals are served, but which do not have cooking facilities, the food is brought from a central kitchen in containers, having been cooked and kept warm for sometime. In these cases it is natural that the food is not so presentable as freshly cooked food, but nevertheless it seems to be appreciated by the children as very little is left on their plates. Hot meals in school are much appreciated by the parents and children and no doubt have contributed to the improvement in physique and health of the children, so noticeable in the last few years.

(c) Residential Boarding Homes for Maladjusted Children

The two homes which have been operating for some years, namely Trevenson at Camborne, and Headlands at St. Ives, have continued to serve a very useful function, but staffing difficulties at Headlands have limited the numbers since it was re-opened in March, 1948. Maladjusted children are admitted to these homes on the recommendation of the School Psychiatrist.

(d) School Clinics

These now consist of:—

(i) Eye Clinics ... 15.

(ii) Minor Ailment Clinics ... 14.

(iii) Child Guidance Clinics ... 5.
(iv) Dental Clinics ... 7.
(v) Speech Therapy Clinics ... 6.

the remaining Clinics, namely Ear, Nose and Throat and Orthopaedic were handed over in the latter part of the year to the Regional Hospital Board.

Eye Clinics.

These are held in 15 towns. It was anticipated that attendance at these Clinics would show a marked reduction as children are now able to be treated under the National Health Service Act for the provision of spectacles, but in fact there has been an increase and the demand for refractions at School Clinics still warrants their continuance in addition to the service under the National Health Service Act. We still have quite a considerable waiting list at the Centres in the larger towns. After examination at the eye clinics the spectacle lenses and frames are supplied by those opticians who are recognised as Ophthalmic Dispensing Opticians by the Supplementary Ophthalmic Services Committee. Owing to the great demand for lenses now being experienced, there is at present a delay up to three months or more before they can be obtained.

A very great benefit under the new Act is the immediate repair or replacement of spectacles damaged or lost, on the completion of a certificate by the Head Teacher or School Medical Officer. This enables the child to have his spectacles repaired in a day or two, a service which previously would have taken much longer.

The total number of cases seen was 1,867 compared with 1,662 in 1947, an increase of 205 cases. Out of this total of 1,867 there were 1,469 spectacles prescribed, 146 no change of spectacles advised, and 252 had no spectacles advised. As these clinics will all shortly pass to the control of the Regional Hospital Board, this will be the last opportunity of obtaining a specialist's diagnosis of the actual cause of the visual defect as there is no diagnosis entered on the forms used under that Service; a review of 1,000 cases showed:—

18% myopia
10% myopic astigmatism
2% anisometropia
11% emmetropia
21% hypermetropia
28% hypermetropic astigmatism
10% mixed astigmatism.

There were 80 cases of squint recorded during the year and 34 of amblyopia, this last figure appears unduly low, but only severe cases were recorded. A few cases of photophobia, choroiditis, conjunctivitis and blepharitis occurred and 2 children had operations for squint.

Minor Ailment Clinics.

No increase has been made in these Clinics as we are watching the position carefully as to whether their continuance in their present shape is as necessary as it was previously. The total number of attendances at these clinics was 11,511 as opposed to 11,526 in 1947, there being 2,686 new cases. The expected drop in numbers, due to the fact that children can now be seen and treated by their own doctors without any charge, has not yet been evidenced and time will show whether it will ever occur.

Minor Ailment Clinic		No. of individual children.	No. of attendances made during year.
St. Austell	...	41	118
Bude	...	0	0(closed 9.8.48
Calstock	...	359	1,438
Camborne	...	16	93
St. Day	...	147	397
Falmouth	...	221	733
Hayle	...	32	255
St. Ives	...	84	579
Launceston	...	50	373
Mousehole	...	189	758
Penryn	...	466	2,845
Penzance	...	514	1,805
Redruth	...	176	1,266
Truro	...	5	9(closed27.2.48
Wadebridge	...	6	302
St. Just	...	380	540
		2,686	11,511

SUMMARY OF WORK DONE AT MINOR AILMENT CLINICS, 1948

Number of Sesssions 1,365	No. of Cases
Ringworm: Scalp ...	14
Body ...	26
Scabies ...	19
Impetigo ...	168
Skin Diseases ...	152
Minor Eye ...	156
Minor Ear ...	72
Miscellaneous: Minor injuries, bruises, sores, chilblains etc ...	2,083
Total New Cases ...	2,690
Number of children cleansed ...	30

Child Guidance Clinics.

The work of these Clinics has been undertaken during this year by Dr. S. W. Davies, who attends regularly at Falmouth, Penzance, Camborne and St. Austell. He sees cases which have been referred by School Doctors and also cases which have been referred from the Juvenile Courts through Probation Officers. This work has greatly increased and is likely to increase still further, so that there is an imperative need for the provision of a team consisting of a Psychiatric Social Worker and Psychologist, so that these Clinics may function as they should. At present the work is limited to the personal capacity of Dr. Davies, who has in addition much mental health work to carry out at the same time.

Dr. Davies reports:

REPORT OF COUNTY PSYCHIATRIST.

Commencing on March 1st, 1948, soon after I took up my appointment in Cornwall, Child Guidance Clinics have been held at Penzance, Falmouth, Camborne, St. Austell and Truro. At first the Clinics at Penzance and Falmouth were held weekly, but during the latter half of the year as

duties in connection with the new Mental Health Service grew and as the number of cases for specialist opinion and treatment referred by Courts, Assistant School Medical Officers, general medical practitioners, the new Children's Officer and by various other agencies increased, it was possible to hold them as at Camborne and St. Austell only at fortnightly intervals.

Considering all the difficulties against which one has had to contend it is gratifying to be able to report that up to December 31st, 1948, 115 cases had been seen at the Child Guidance Clinics. Time spent in interviewing parents and teachers and the fact that, apart from some cases only seen once for opinion or consultation, the majority of children were in regular attendance over a period of months meant that there inevitably had to be some delay in seeing and selection of new cases. There is, moreover, a limit to the case-load that one person can carry at any one time and efficient treatment is out of the question if too many cases are being seen during any one period or at too infrequent intervals. Weekly clinics are a necessity if treatment is to be of the best. So far as the Western half of the County is concerned travelling difficulties on the part of the parents and children have been overcome, but only at the expense of having a number of clinics held at too infrequent intervals. So far as the Eastern half of the County is concerned, it has been found possible only to see a few of the more urgent cases either by visits to homes or schools or by making special arrangements for transport to St. Austell. It is to be hoped that when the Child Guidance Clinic opens at Plymouth it will be found possible for arrangements to be made to refer cases there from those areas of the county to which Plymouth is fairly readily accessible.

Since July 5th, 1948, the provision of Child Guidance Clinics for treatment has become the responsibility of the Regional Hospital Board. The duties of the Education Authority lie in the equally important sphere of a Child Guidance Service working in the schools and at Child Guidance Centres. In both the Clinic and the Child

Guidance Service a team of workers is essential. More and more does one find as the work goes on—and this is the universal experience of Psychiatrists in Child Guidance work—that without an Educational Psychologist to investigate and remedy maladjustments in the school and without a Psychiatric Social Worker to investigate and remedy maladjustment at home, the best psychiatrist in the world is plowing a very uphill furrow. He must either confine himself to a mere handful of cases or else make desperate attempts to cope inadequately and unsatisfactorily with whatever comes his way, concentrating on the patient, and knowing that in doing so, he risks all the time that his well-meant endeavour may easily cause both parents and teachers to feel that they have been slighted, and thereby the most beneficial of all our social services can be brought into disrepute.

In future reports it will be possible to give convincing evidence of the value of Child Guidance Clinics, both by the presentation of the results in the aggregate of all cases treated and by the detailed consideration of a few illustrative cases. To do so in a first report covering a period of only a few months would create the impression that lasting results have been obtained in a surprisingly high proportion of cases but this claim must await the efflux of time with all that that brings. Of the 115 cases seen between 1.3.48 and 31.12.48 there were 65 still under active treatment on 31.12.48. This number is, of course, much too large but since all were in urgent need of treatment, any reduction had to be resisted. Of the 50 other cases, 24 were referred for backwardness of various degrees and 5 on account of fits, and of these only one was considered to be suitable for treatment at a clinic. Ten of the remaining 22 cases were deferred for re-examination and re-consideration at a later date and six were seen for report and recommendation only. The other six children are considered by their parents to be well adjusted now and as the parents who sought treatment are of the intelligent, co-operative, grateful type and would readily seek advice should it be required later,

only a routine follow-up of these cases for record purposes is anticipated.

Of the 65 cases still under active treatment at the end of the year, progress towards adjustment was more than satisfactory in the large majority of cases. Enuretics as usual were the most disappointing. The relatively large number of cases referred and accepted for treatment with multiple symptoms and conditions calls for comment. In itself multiplicity of symptoms and conditions does not necessarily indicate that the disorder is of long standing or due to inherently defective personality make-up. Careful analysis of the 36 cases in the present series is called for and will have to be made at a later date.

CHILD GUIDANCE CLINICS.

(1.3.48 to 31.12.48).

No.of Sessions held:—		
Falmouth	...	26
Penzance	...	20
St. Austell	...	16
Camborne	...	14
Truro	...	21
No. of cases seen	...	115
No. of attendances	...	442
No. of cases continuing treatment at 31.12.48		65

CONDITIONS FOR WHICH ADVICE WAS SOUGHT.

1.	Backwardness	...	24
2.	Stealing	...	12
3.	Nervous disorders (fears, anxiety, etc.)		20
4.	Enuresis	...	10
5.	Speech Disorders	...	3
6.	Fits	...	5
7.	Sex difficulty	...	1
8.	Temper tantrums	...	2
9.	Persistent Lying	...	1
10.	Asthma	...	1
11.	Multiple Conditions	...	36
			115

SOURCES FROM WHICH CASES WERE REFERRED.

Parents	...	8
General Practitioners	...	16
Consulting Therapist	...	4
Speech Therapist	...	5
Children's Officer	...	4
Juvenile Courts	...	5*
Probation Officers	...	6*
Education Authority (mainly teachers and A.S.M.O.s)	...	53
Various (N.S.P.C.C., Health Visitors, Moral Welfare Workers, etc.)	...	14
		115

*These numbers refer of course only to cases accepted for treatment at Clinics. The numbers referred for examination and report and considered unsuitable for treatment or who were otherwise disposed of were higher.

Educationally sub-normal pupils.

At almost every Child Guidance Clinic Session and at almost every school visit or interview with a teacher the extreme urgency of the problem of the educationally sub-normal proclaims itself. The provision of adequate accommodation for both day and boarding pupils cannot be much longer delayed. The number of pupils ascertained is given elsewhere. Some aspects of the relationship between this group and the groups of mental deficiency and of delinquency are discussed under those headings. It will suffice here only to stress the fact that the first reports of nearly every Regional Hospital Board give shortage of accommodation for mental defectives as the most urgent and distressing problem which confronts them, while no less a distinguished authority than Dr. Cyril Burt has given the opinion that "properly organized classes for the backward would catch in their meshes over 70% of incipient criminals." Bearing in mind that the number of mental defectives for whom institutional accommodation is ultimately required can be considerably diminished by the provision of proper educational facilities for the educationally sub-normal, it becomes clear that this provision can contribute

more than any other means that we have to hand towards the solution of our most perplexing health and social problems. Its contribution towards the amelioration of other social problems and to economic betterment would hardly be less.

Mal-adjusted Pupils.

The number of these ascertained and for whom special provision has to be made continues to increase, and as the category is a relatively new one to receive recognition this increase will undoubtedly progress. There are many reasons why this should be so. More and more is it becoming recognized and stressed that the prime purpose of education is the promotion of mental health and that unless we ascertain and so far as possible remedy the handicaps of the child we cannot hope for the full development of harmonious personality with social adjustment and full contribution to the good of the community. The bulk of the children seen and treated at Child Guidance Clinics are maladjusted, and where, as not infrequently is the case, there are factors in the home environment which are gravely detrimental and only little, if at all, capable of being remedied the removal of the child to a Hostel or to a residential school is often essential. Headlands (Girls) and Trevenson (Boys) Hostels both fulfil a much felt want and it is regrettable that throughout the year the number of girls in Headlands has had to be very severely restricted as a result of difficulties in obtaining staff. Mal-adjusted children need more than any others a stable matrix of confidence and affection in which to develop, and frequent changes of staff and administrative difficulties generally are readily reflected in behaviour disorders.

Delinquency.

Juvenile Courts all over the County have freely availed themselves of the advantages of psychiatric reports in suitable cases, and where the child has not been remanded in custody in either Camborne or Plymouth Remand Homes, the Probation Officers have been most co-operative in bring-

ing children for examination and in supplying histories and other information. This help is very much appreciated, as even with it the time spent in travelling and in collecting information together with attendance at Court whenever necessary has been a severe drain on limited resources.

The number of handicapped pupils (educationally subnormal and maladjusted) and of mental defectives appearing in Court reflects the grave shortage of accommodation which has previously been mentioned and renders chaotic any system of priority on waiting lists, parents and others frequently being led to protest that the quickest way to ensure special educational treatment or care and training for the child is through the Juvenile Court.

With regard to the treatment of Juvenile offenders, suitable cases are of course among those treated at the Child Guidance Clinics. The majority of cases referred and accepted for treatment have never appeared in the Juvenile Court and much credit is due to those parents, teachers and others who refer cases for treatment and thereby render to both the child and the community a service of inestimable value.

Epilepsy and Dual and Multiple Handicaps.

The number of epileptic children for whom special educational treatment is required is relatively small as is that of pupils with dual and even multiple handicaps. Nevertheless the care of these children, relatively few though they are, presents difficult and tragic problems to all those who have to advise on, and strive to secure the best for them.

Mental Deficiency.

Ever since the first Mental Deficiency Act was passed in 1913, to make better provision for the care and training of defectives the paramount importance of early and complete ascertainment has been repeatedly stressed. Now that Mental Deficiency Institutions have passed to the Regional

Hospital Boards it is more than ever important that full ascertainment should as far as possible be attained so that the Local Health Authority can make its wants known and thus secure adequate accommodation for at least the most urgent cases. In this ascertainment the School Health Service has to play the most important part. The difficulties encountered must however be clearly recognized. In the first place, the educationally sub-normal pupil for whom the requisite special educational treatment cannot be provided only too often becomes certifiable under the Mental Deficiency Acts in adolesence or later life because of the neglect to provide such treatment. Secondly, where notification as a mental defective means as is now the case exclusion from school, the certifying Medical Officer is naturally reluctant to take a step which, until adequate institutional accommodation can be obtained, nearly always means that the child is left at home to deteriorate and only too often to add a grave burden to an already harassed household.

Thirdly, the diagnosis of Mental Deficiency with all that it implies is not one that can in most cases be given to parents without the most tactful preliminary enquiries as to their attitude to the whole problem and their expectations as to provision of care and training and some assessment of the chances of being able to promise them the almost immediate removal of the child if they request it. Contrary to what is often popularly supposed to be the case, it is usually the mentally defective child and not the more fortunately endowed siblings who claims first place in the parents' affection and for whom they claim priority treatment, and one sees this demonstrated in every walk of life and often in the most tragic circumstances. One result of this is that once the parent has become reconciled to the facts and has made a decision to part with the child—a decision which if not made would often result in the other children at home having to suffer—the present long waiting period that has to elapse before a vacancy can be secured is one of great strain and suffering.

Lastly, the diagnosis of Mental Deficiency in children is often a very difficult one to make. Not infrequently more than one examination is necessary and cases are deferred for further examination after a period of six or twelve months. In every case very careful consideration has been given to all relevant history and results of examinations before notification to the local Health Authority has been advised on.

General.

In addition to children seen at Clinics, Schools, private homes, Hostels, Remand Homes, and elsewhere, all referred from a variety of sources and for a variety of reasons, the number of children in Children's Homes referred for reports has steadily increased throughout the year and the end of the year has come with a considerable waiting list of cases to be seen in almost every sphere. Whilst it is most gratifying to find that more and more is it becoming realized that Child Psychiatry has a most important role to play in every sphere of life into which a child can enter, it must once again be emphasized in conclusion that a full team of workers is essential if the best possible service is to be given.

HANDICAPPED PUPILS.

TABLE A.

Category	Ascertained to require Special Residential School.	Ascertained to require special educational treatment in ordinary school.	TOTAL	POSITION AT END OF YEAR 1948. Now in Special School	Now in Ordinary School	Now in Independent School	Not in any School	TOTAL
Blind ...	6	—	6	6	—	—	—	6
Partially-sighted	21	8	29	13	14	1	1	29
Deaf ...	29	—	29	15	5	—	9	29
Partially deaf ...	7	3	10	1	9	—	—	10
Delicate ...	19	456	475	1	461	1	12	475
Diabetic ...	—	—	—	—	—	—	—	—
Educationally sub-normal ...	225	134	359	19	326	5	9	359
Epileptic ...	10	—	10	6	3	—	1	10
Physically handicapped ...	47	—	47	9	20	3	15	47
Speech defect	—	124	124	—	124	—	—	124
Multiple Defects	3	—	3	—	—	—	3	3
TOTAL	367	725	1,092	70	962	10	50	1,092

MALADJUSTED PUPILS.

Category	RECOMMENDATION Special Boarding School	Residential Hostel	Child Guidance Clinic & Ordinary School	TOTAL	PRESENT SITUATION AT END OF 1948 Special Boarding School	Residential Hostel	Independent School	No School	Ordinary School	TOTAL
Maladjusted	2	33	65	100	—	27	1	9	63	100

TABLE B.

Category		Recommended for Special School in 1948.	Admitted to Special School in 1948.
Blind	...	0	2
Partially Sighted	...	2	3
Deaf	...	2	2
Partially Deaf	...	1	0
Educationally Sub-normal	...	40	3
Epileptic	...	1	2
Physically Handicapped	...	7	2
Multiple Defects	...	1	0
TOTAL	...	54	14

TABLF C.

Number of children notified in 1948 to the Mental Health Sub-Committee as ineducable and therefore excluded from School (Education Act, 1944, Sect. 57 (3))	...	22
Number of children notified in 1948 to the Mental Health Sub-Committee as requiring supervision on leaving School, or Special School (Education Act, 1944, Sec. 57 (5))	...	8

(e) **Cleanliness**

At the regular monthly inspections of children by nurses 280,394 inspections were made and those found unclean numbered 2,260, which is 121 more than last year. Much of the work in connection with cleanliness has been decentralized and is now administered under the supervision of the County Nursing Officer, with the exception of compulsory cleansing which is only ordered on instructions from the School Medical Officer. The number of cases requiring compulsory cleansing was 30.

(f) **Infectious Diseases**

The incidence of Diphtheria continues to fall, 28 cases being notified as against 42 in 1947 and 155 in 1946. No deaths occurred. These figures are most satisfactory and show convincingly the value of the diphtheria immunisation campaign which has been carried on for some years past.

18 cases of Anterior Poliomyelitis (Infantile Paralysis) occurred in Cornwall, there being 1,722 cases in the whole

Country. There were no deaths among school children apart from the 2 reported at a direct grant grammar school. Sporadic outbreaks of this disease may be expected to occur at any time, and it is hoped that there will be no recurrence of this disease in an epidemic form. It is again emphasised that the severity of the residual paralysis appears to be dependent on the amount of exercise taken in the early stages so that it is extremely important that rest in bed should be enforced at the very earliest moment in any illness of a febrile nature occurring when this disease is prevalent.

The number of cases of measles was 2,238 as opposed to 2,401 in 1947 and 270 in 1946. There were 1,372 cases of whooping cough.

HANDICAPPED PUPILS.

The provision of special educational treatment for handicapped pupils continues to be most difficult. Handicapped pupils are divided into eleven categories.

Category 1. Blind.

There are six children in this category all of whom are in the Special School for Blind Children at Bristol.

Category 2. Partially Sighted.

There are 29 children in this category, 13 of whom are now in the Special School for Partially Sighted Children at Exeter, and 16 are having special educational treatment in ordinary schools. The view that the use of eyesight in normal education has no deteriorating affect on a visual defect such as myopia is becoming more established, thus children with myopia who have been educated in Special schools for myopes are found, in the long run, to have the same deterioration of vision as similar myopes who have stayed in ordinary schools. The visual aid known as the Leeds light, consisting of a special desk with lens and electric light, is not yet sufficiently proved to recommend its introduction into our schools.

Category 3. Deaf.

There are 29 children in this category, of whom 10 are in the Royal West of England School for the Deaf at Exeter, two at the Deaf School in Newcastle and two in Raynor School for Deaf Children at Penn, Buckinghamshire. Of the remaining 15, 12 await a vacancy, two parents refused, and one is having private tuition at home.

Category 4. Partially Deaf.

Of the 10 children in this category one is in a special school and nine are having special educational treatment in ordinary schools. 6 Multitone Electric Hearing aids, purchased by the Local Education Authority, were in use for partially deaf children attending ordinary schools, and these have been successful. These delicate and complicated machines are expensive to provide and maintain. We are still waiting at the end of the year for the National "Medresco" electrical hearing aids promised on the introduction of the National Health Service Act in July of this year.

Category 5. Delicate.

The category contains 475 children and is the largest category of all the Handicapped pupils. This number may appear unduly high as all children are included in this category who have been diagnosed by School Doctor as having some definite physical condition which precludes them from taking part in the full activities of an ordinary school. The disability in many of these children may appear slight and they should pass through school life without much difficulty, but are likely to be marked "unfit" when called up for National Service later in life. Every child in this category has a medical diagnosis, and of these there are 118 of an Orthopaedic nature, 126 with affectations of the ear, and 26 have epilepsy which is not sufficiently severe to warrant them being placed in the category "Epileptic." There are 18 spastic children whose disability is not sufficiently severe to warrant their being placed in the category "Physically handicapped." The

number of children with asthma in this category is 61. Those suitable are attending the Speech Therapist for breathing exercises as advised by the Asthma Research Council.

Category 6. Diabetic.

No child is placed in this category unless he requires residential treatment away from home. Although 6 children are known to have diabetes in Cornwall none of these fall under the above definition, as they are being treated in their own homes and are attending ordinary schools. They are, therefore, not classified as being in the category "Diabetic" but are included in the category "Delicate."

Category 7. Epileptic.

These are children who have epilepsy so severely that they cannot be educated in ordinary schools and require education in a special school. There are 10 children (.27 per 1,000) in this category, 3 of whom are in Chalfont Colony School and 3 at Lingfield School. The remainder are awaiting vacancies in epileptic schools, which are extremely hard to obtain. Children continuing to have epilepsy at the time of leaving school are recommended to be placed on the Disabled Juveniles Register so that suitable employment can be found for them if necessary.

Category 8. Maladjusted.

These are children with emotional instability or psychological disturbance and are not necessarily backward in intelligence and the condition is usually amenable to treatment at a Child Guidance Clinic or Residential Hostel. Dr. Wyndham Davies, the School Psychiatrist, includes this category in his report.

Category 9. Physically Handicapped.

This category includes children who by disease or crippling defect cannot be educated in ordinary schools and

require education in special schools, usually residential. Residential accommodation for these children is still very difficult to obtain, the demand for vacancies being much greater than the supply and will continue so until residential provision for these children can be made in Cornwall. Out of a total of 47 only 9 of these children are in Special Schools, 20 being in ordinary schools and 3 in independent schools. 15 are not attending any school.

The difficulty of providing special educational treatment for children suffering from spastic diplegia continues to be extreme, but the proposal to open The Dame Hannah Roger School at Ivybridge, Devon, for Spastic cases gives us hope that the position will be ameliorated in the near future. The total number of these cases is 34, of whom 17 require education in a special school and so are in the category "Physically Handicapped."

Category 10. Speech Defects.

Miss M. E. Tippett, the Speech Therapist, continued her work during the year at Clinics in Falmouth, Penzance, Liskeard, St. Austell, Camborne, Truro and Launceston. Miss Tippett resigned her appointment at the end of the year on being appointed to an Authority nearer London.

Miss Tippett reports as follows:—

"During 1948 Speech Therapy has gained a firmer foothold in Cornwall, and this service appears to be becoming more widely known. The majority of cases referred to the Speech Therapy Clinics have been for stammering and dyslalia. There have been few cases of other defects.

Children suffering from Asthma have been sent to the Speech Clinics in order that they may be given Respiratory Exercises. In all these cases the children have been very good in keeping up their exercises at home—and in all cases the results have been excellent."

Number of Cases suffering from:—	Launceston	Falmouth	Liskeard	Penzance	St. Austell	Camborne	Truro	Whole County
I. Physiological or psychological Defects:—								
(a) Stammer ...	5	12	16	24	7	18	5	87
(b) Clutter ...	—	1	—	—	—	—	—	1
(c) Asthma ...	—	1	—	8	—	—	1	10
II. Voice Defects:—								
(a) Aphonia (complete or intermittent total loss of voice) ...	—	—	—	—	—	—	—	—
(b) Dysphonia (complete or intermittent partial loss of voice) ...	—	—	—	3	2	—	—	5
(c) Rhinophonia (Nasality of speech) ...								
(i) Hyperrhinophonia (including cleft palate)	—	3	—	2	1	—	1	7
(ii) Hyporhinophonia ...	—	—	—	—	—	—	—	—
III. Defects of Articulation:—								
(a) Dysarthria (Neuro-muscular inco-ordination) ...	—	2	—	—	—	—	—	2
(b) Dyslalia (Defective sounding of consonants)								
(i) Simple ...	2	7	6	2	1	3	—	21
(ii) Multiple ..	6	4	14	9	13	11	4	61

Number of Cases suffering from:—	Launceston	Falmouth	Liskeard	Penzance	St. Austell	Camborne	Truro	Whole County
IV. Language Defects:—								
(a) Idioglossia (child has language of own) ...	—	—	—	—	—	—	—	—
(b) Delayed speech ...	1	3	—	1	—	2	—	7
V. Aphasia:—								
(a) Congenital word deafness ...	—	—	—	—	—	—	—	—
(b) Congenital word blindness ...	—	—	—	—	—	—	—	—
(c) Other ...	—	—	—	—	—	—	—	—
VI. Defects due to Abnormality of Special Senses:—								
(a) Deafness ..	—	—	—	—	—	1	—	1
(b) Blindness ...	—	—	—	—	—	—	—	—
(c) Other ...	—	—	—	—	—	—	—	—
VII. Probable Mental Deficiency:—	—	—	—	—	—	2	1	3
VIII. Multiple types of Speech Defect:—	—	—	—	—	—	—	—	—
Total:—	14	33	36	49	24	37	12	205

SPEECH THERAPY.

RECORD OF WORK DONE AND RESULTS.

	Launceston	Falmouth	Liskeard	Penzance	St. Austell	Camborne	Truro	Whole County
I. Cases in attendance at beginning of year ...	3	14	18	25	8	25	4	97
II. New cases admitted during the year ...	11	19	18	24	16	13	8	109
III. Cases showing marked improvement—but not discharged ...	3	13	14	16	7	10	4	67
IV. Cases temporarily discharged —to resume treatment later ...	—	—	—	—	—	—	—	—
V. Cases discharged during the year CURED ...	1	9	12	6	9	10	2	49
VI. Cases ceased attending before cure or discharge ...	5	3	6	14	3	14	4	49
VII. Cases still in attendance before cure or discharge ...	8	21	18	29	12	14	6	108
VIII. Total Number of Attendances	37	378	469	381	327	344	75	2,011

11. Educationally Sub-normal Pupils.

This category continues to be our greatest problem and including as it does numbers of children whose retention in ordinary schools acts as a handicap to the children themselves and to the other children in the schools. There is a likelihood of this position being relieved in the near future as the mansion of Pencalenick, near Truro, was purchased by the Cornwall County Council during this year for the purpose of supplying a Residential Special School for educationally sub-normal pupils. This should provide for 70 children between the ages of 11-16 as a commencement and is capable of being extended for another 70 children of junior age. It is considered that 140 places of a residential nature are required for Cornish children, being 4 per 1,000 of the population. The remaining Educationally sub-normal children, amounting to 9% of the school population, are less severely handicapped and should continue to be educated in ordinary schools, but it has not yet been found possible to introduce special classes for these children.

REPORTS BY ASSISTANT SCHOOL MEDICAL OFFICERS.

The following notes on the Service in general are extracted from the Reports of the Assistant School Medical Officers:—

Dr. C. C. Elliott: Truro and Falmouth Area.

General Health. A very satisfactory state of nutrition was found in all children examined during 1948. There have not been so many children graded 'Nutrition A', but the undernourished children, grade 'Nutrition C', were very few indeed, and these were due to chronic ill health and not lack of food or care.

School Buildings. Some schools in my area have been considerably brightened up by redecoration, but many still have a depressing atmosphere which might be improved by

minor alterations until such time as rebuilding schemes are practicable. The absence of artificial lighting in some schools prevents the caretakers from cleaning the schools in a proper manner, as during the winter there is insufficient daylight out of school hours for the cleaning to be done.

Canteens. The further increase in the number of canteens is showing very good results. The food is well cooked, the menus are adequate in all respects, and the high standard of cleanliness is very noticeable.

Medical Examinations. The number of parents present at school Medical Inspections is definitely increasing, and in the Infant Schools there is usually a 100% attendance. The parents appear to appreciate the Medical Inspections. They bring forward their problems and difficulties, and their presence is of great assistance when trying to find the cause of behaviour problems, etc. The school Nurse also often has information regarding the home environment which is a great help in these cases. The majority of schools provide an adequate room for the inspection, but this is done, in many cases, at the expense of the comfort and efficiency of the school in general, as two or more classes have to be put in one classroom during the inspection.

Special Clinics for Consultation. The arrangements for Ear, Nose and Throat, Eye and Speech Clinics are very satisfactory, but with the advent of the National Health Service it is taking three to four months to supply spectacles, and in some urgent cases this is very unsatisfactory. The Orthopaedic Clinics with their weekly attendance of a large number of children, tend to interfere with the school work to a serious degree, and it is hoped that some means can be found to prevent this and still give the children the benefit of supervised exercises. Daily exercises at school under the supervision of the teaching staff would certainly obviate a large percentage of absence from school and would ensure that the exercises were carried out regularly, for I am sure that many children do not carry out the prescribed exercises at home.

Educationally Subnormal Children. The continued lack of provision for these children is a great handicap to them and to the normal children at school. I am sure that the opening of a Special School in the County will remove a big burden from the teachers, and will bring great benefit to all the children.

General. I have noticed that an increasing number of children, although well-nourished, appear to be apathetic and listless, their posture is bad and they lack the spontaneous cheerfulness of the really healthy child. This may be due in part to the after effects of the war, and the general air of anxiety with which they have been surrounded. However I feel that a great deal can be done for them by physical exercises which aim at producing a healthy upright posture. It appears that the number of children of all ages who suffer from Urticaria, especially of the papular type, is unusually large in this area. It would be interesting to find the cause of this condition, it may be due to lack of Calcium or other minerals.

Dr. W. M. Ryan: St. Austell Area.

I have worked for over a year now in mid-Cornwall and can compare this area with my former one of East Cornwall from the point of view of the School Medical work.

Nutrition, Intelligence, etc. I have observed a somewhat better state of nutrition of the children, particularly in the clay area and in the larger towns of St. Austell and Newquay. Possible easier home circumstances have accounted for this. Boys and girls in the Leaver group, approaching fifteen years of age, were mostly fit and well-developed and I think they have profited physically by their extra year at school and are in better shape to start work.

School Buildings, Cleanliness, etc. Since the war an effort has been made to improve the general appearance by painting and decorating, and necessary repairs have been carried out, but there is still a great deal to be done. Antiquated heating, lighting and sanitary arrangements call for

improvement urgently. Some of the classrooms are very dark in winter time and often there is no provision whatever for artificial lighting. Most of the schools are crowded, particularly since the raising of the school leaving age and it is sometimes difficult to provide suitable accommodation for medical inspections that will ensure adequate privacy.

School Cleanliness. This is reasonably satisfactory as a rule, but the method of sweeping raises much dust which accumulates in the more inaccessible parts of classrooms and on school paraphernalia which is often littered around. Some sort of suction apparatus for cleaning seems to be called for and when electricity is general in the schools, a more efficient method of cleaning ought to be possible.

School Canteens. Many of the schools of this area are supplied from a central canteen and this appears to be a satisfactory arrangement but I think the food is much less appetizing than when cooked on the premises. It would of course be a great advantage for the school meals to be eaten in a separate building as a general rule. After the mid-day meal the atmosphere in the classrooms is not very pleasant sometimes, and the classrooms themselves are often soiled and untidy.

Routine Medical Inspections. Parents turn up well and more time has to be allowed for Medical Inspections now; especially as so many points come up for discussion. In general, parents seem anxious to take advantage of any treatment that is offered—this is more noticeable since the advent of the National Health Scheme, and some parents ask for treatment and specialist advice that is not really necessary, and have been known to be aggressive if this is withheld.

Educationally Subnormal Children. Some Secondary Modern schools appear to have a high proportion of these children, without an adequate teaching staff to deal with them. They make little or no progress themselves and

hinder the progress of the brighter children. Special classes and Special Schools are urgently needed for these children.

Orthopaedic Clinics. An attempt has been made to reduce the number of visits to the Orthopaedic Clinics for **minor conditions** which can be dealt with reasonably satisfactorily by exercises at home and at school, after receiving advice and instruction at the clinic. Children tend to continue their visits for years and much valuable school time is lost. At Medical Inspections these children always stress their "flat feet" if any inquiry is made as to progress, as they do not wish their "outings" to the clinics to stop.

Eye Clinics. Except in the Grammar Schools where small refractive errors may cause eye strain owing to the greater amount of reading and close work required, it does not seem advisable or necessary to provide spectacles for small errors which are not causing discomfort. Parents and children are not usually very co-operative in the matter of wearing glasses if there is not considerable defect of vision, and the expense involved is considerable—without sufficient benefit being derived for this outlay of public funds. Children are notoriously careless with their glasses particularly if they do not require to wear them all the time, It seems to take three months now to provide a pair of spectacles as dispensing opticians are so overworked, and parents often complain bitterly when their children really need replacement for serious defects of vision. It would seem better to concentrate on the bad cases and on those causing definite symptoms, and of course, on all cases of myopia.

Spastic Paralysis. It is satisfactory to know that more provision is being made to deal with these cases and that afflicted children can now go to a Special School for Spastics. It is to be hoped that parents will more readily accept Special Schools for handicapped children as time goes on. Generally I find them most unwilling to allow their children to go away.

In conclusion I should like to say that every effort has been made to maintain co-operation with general practitioners in the matter of treatment and absence from school. Sometimes it involves a good deal of time and effort to achieve this, but it is very necessary.

Dr. J. D. McMillan: Liskeard Area.

Health of School Children. The general health in this area has remained satisfactory during the past year. The state of nutrition of the children is good with only isolated cases of "Poor nutrition"; but postural defects are very numerous.

School Buildings. Many of the schools in the area are old, and several of these have inadequate playgrounds and no facilities for organised games. Over-crowding is a real problem especially in Infant departments. This applies particularly to the towns of Saltash and Torpoint.

School Canteens. This service is now almost universal in this area and is obviously appreciated, judging by the large number of children taking advantage of school meals. The standard of cooking and serving is satisfactory. There are still many schools where the meals are served in classrooms, which is unsatisfactory, especially in bad weather when rooms never get aired during the day.

Ear, Nose and Throat Clinics. There have been few refusals of treatment in this department. Indeed, parents tend to bring their children forward for examination, especially in cases of enlarged tonsils.

Eye Clinics. There are a number of parents refusing eye treatment. The number of children with squints referred to clinics is low, as the majority of these children have already had treatment when seen as school entrants. Attendances at the Eye Clinics have been good, the majority of absences being on account of infection. Under the new arrangements there have been numerous difficulties with transport, chiefly due to closure of Plymouth Eye Clinic;

and there is a very considerable increase in time elapsing before the children receive their spectacles.

Educationally Subnormal Children. There are a large number of these children complicating arrangements in schools. There is an urgent need for provision for these children in special classes and schools and the anticipated opening of a Special School for seniors will, it is hoped, ease the general situation. Special attention was given to ascertainment in the Christmas term and parents attended in the majority of cases and were grateful for assistance and guidance in handling these children.

Speech Therapy. Great benefit has been derived by children attending these clinics and parents have co-operated well.

School Nurses. They have in all cases been extremely helpful and their knowledge of home conditions has been found invaluable. Liaison with general practitioners has been satisfactory.

Infant Welfare Clinics. These are all running satisfactorily. Since they were taken over in July the attendances have shown a steady increase.

Dr. L. Rich: Launceston and Bude Area.

School Buildings and School Sanitation. Several of the schools in this area have very inadequate school buildings, playgrounds and sanitary arrangements. One of the future developments in Public Health will be the prevention of ill health and infection transmitted by foods. This depends largely on the degree of knowledge of personal hygiene possessed by the people who handle the nation's food. It is therefore vitally essential that the fundamentals of personal hygiene should be taught in our schools. In order to do this, we must have flush sanitation, adequate washing facilities and hot water, so that these fundamentals should be permanently impressed on the child's mind from the moment it enters school.

Canteens. The School Meal Service is slowly being extended, but there are several schools in the North-East of Cornwall which are isolated and have no facilities for the provision of school meals. It is these schools, more than the ones in the towns, which should be provided with this Service. The children come a long way to school and it is impossible for them to go home at mid-day for a hot meal.

Nurses' Visits. The District Nurses and Health Visitors have made frequent cleanliness inspections at all schools and have carried out very valuable work in dealing with infestation found amongst school children. In future, arrangements will be made to carry out these cleansing inspections each term at the Grammar Schools in this Area.

Infectious Diseases. Whooping Cough, Mumps and Chicken Pox have been the most prevalent of the infectious diseases and have accounted for most of the absenteeism. It has been most difficult to ascertain the extent of the outbreak of mumps, but it is felt that in this Area, it has reached epidemic proportions. There have been several cases of ringworm, but this condition has not become unmanageable. There was one proved case of Infantile Paralysis in a schoolgirl aged 6, who made a good recovery with only moderate paralysis in one limb.

Orthopaedic Clinics. There have been few serious postural defects requiring reference to the Orthopaedic Clinic. In most cases, simple instructions to the parent for the minor defects have been given. It is the practice in this Area to provide the parent with a printed list of the necessary exercises which may be carried out at home. These children are listed as Special Cases, and are seen each time a visit is made to the school.

Eye Clinics. Where defects are discovered, the parents are encouraged to see the School Ophthalmologist. There have been no refusals and the necessary Request Forms have been signed and forwarded.

Educationally Subnormal Children. This area appears to have a particularly high proportion of educationally subnormal children. Where these children are not creating a nuisance, it is felt that they are better off where they are, as they will almost certainly find suitable employment on the land, adequate to their mental development. However, there are a certain proportion of children who would benefit by teaching in a Special School, and attempts are being made in this Area to get the parent to agree to admittance at the Special School, which is shortly to be opened.

General Health of the School Children. In conclusion, it is my considered opinion that the general health of the school children continues to improve. The average height and weight of the school children, as well as the general state of nutrition is 10—15% higher than the standard laid down in the Ministry of Education's Annual Report of 1938.

Dr. J. Reed: Wadebridge and Bodmin Areas.

It will be appreciated that my report on the schools in this area is based purely on impression, since I commenced duty only in September, 1948, and completed a few routine examinations and the special examinations which were outstanding. My impressions run as follows:—

Premises. These are old and out of date, but generally of substantial character and are comparatively well maintained with regard to cleanliness and repair. The Sanitary provisions, ablutions, etc., are likewise old, unsuitable and generally inadequate in number. Over-crowding is marked in the schools where the majority of the population is concentrated, i.e. Bodmin, Wadebridge and Padstow, but in the rural schools quite the reverse state of affairs appears to exist. There is generally a lack of adequate storage and cloakroom accommodation.

Pupils. (i) Nutrition—appears to compare favourably with other areas in my experience. The incidence of "C" nutrition is small, usually occurring in members of problem families.

(ii) Cleanliness—runs parallel with nutrition, there being the usual general core of children from unsatisfactory homes who continue to be infested in spite of regular and frequent inspection and treatment.

Defects. (a) Educationally Subnormal Pupils appear to be rather higher in proportion to other areas in my experience, and constitute the larger number of problems presented by the teachers to the Medical Officer as to disposal, to which there is as yet no adequate reply.

(b) The extremely long and frequent attendances of some pupils for remedial exercises at Orthopaedic Clinics has struck me as being somewhat unusual. Many of these minor postural defects, I feel sure, could be dealt with adequately in the school.

Dr. D. Chown: Penzance Area.

National Health Scheme. The outstanding event of the past year has been the introduction of the National Health Scheme. This has brought certain changes to the work of the Assistant School Medical Officer. There was at first a considerable falling off in the number of children attending the Minor Ailment Clinics, or coming to the school doctor for advice, but after a time, when the novelty of obtaining free treatment from the family doctor had worn off, the children began to return to the School Clinics.

The effect of the National Health Act is most marked at routine medical inspections, in the great drop in the number of new entrants needing to be referred for treatment. Most of those who require treatment are already receiving it under the National Health Act. It is noticeable too that many mothers are using the free scheme to consult their doctors about lesser health problems, such as poor appetite in the child. And so the work of the Assistant School Medical Officer becomes more and more educational and preventive.

Infant Welfare Clinics. Much interest has been added to the work since the School Medical Officers have also

become Infant Welfare doctors, so that it is now possible for the same doctor to keep the children under observation from early infancy to school leaving age.

Since the National Health Act came into being there has been less co-operation between the Assistant School Medical Officer and the Consultants. Children are referred from a school inspection to a Specialist Clinic and often no report is received from the Specialist. This is very unsatisfactory for the Assistant School Medical Officer.

Ringworm. On the whole, the general health of the children remains good and there have been no serious epidemics. There was however in Penzance a number of cases of ringworm of the scalp, due to microsporum audouini. In all cases hairs were sent to the London School of Tropical Medicine for culture and the cases were then treated with X-rays at Redruth Hospital. Most of the cases came from one Infants School and from the same class in that school. Cases in other schools were mostly found to be contacts of these children. The infection appeared to spread by direct head-to-head infection in the reading groups favoured by modern educationalists. It seemed remarkable that, in spite of short hair, far more boys were infected than girls, but as small children are watched in the playground it can be noticed that small boys play with their heads in contact far more than do small girls. Eventually all the children in the affected school were examined under the Wood's Light by Dr. Whitlock and only one new case was found. Happily there have been no further cases.

School Canteens. Some new school canteens have been opened, but there are still too many country schools where a high percentage of children bring dinners daily, and these dinners are often dietetically very unsatisfactory, lacking both protein and vitamins.

In many schools children go to the canteen for dinner without washing their hands, owing to insufficient wash basins and sometimes to an inadequate water supply. The

one or two roller towels supplied are often unfit for further use. The only hygienic solution is for each child to keep its own hand towel. This is done in a few schools and it is to be hoped that more schools will see their way to adopting the same system.

Special Schools. It has been a great disappointment that we have not yet got a special school for educationally sub-normal children, and some of the parents are getting tired of waiting for this long promised facility. When we have this, and also a special school for "spastics" we shall indeed have made progress.

REPORT OF SENIOR DENTAL OFFICER

I have the honour to present my Annual Dental Report on the School Health and Mothers and Young Children, being the priority classes whose dental condition is the care of the Local Authority.

School Health Service.

Since the application of the National Health Service Act 1948 on the appointed day 5th July last, a change has been made in the control of this service.

Instead of this Authority's dental affairs being dealt with by the Ancillary Services Sub-Committee, of the Education Committee, they have been placed under a Dental Sub-Committee of the Health Committee, which consists of equal numbers of members from the Education and Health Committees, five from each.

Staffing.

The present establishment consists of one Chief Dental Officer and nine Assistant Dental Officers (an addition of two extra Assistant Dental Officers having been sanctioned during this year) ten dental attendants, one dental technician, one dental clerk and one dental apprentice.

During September two dental officers were lost to the service, Mr. Townend in the Launceston District, unfortunately for this service died at an early age. Mr. Baker left the Penzance dental district to engage in Private Practice.

This Authority is in a favourable position compared with many others, in having only lost one dental officer to private practice and in receiving application for and in being able to fill two vacancies by the appointment of Mr. Stranger in September and Mr. Patterson in October last. It has however been impossible to attract any further applications from candidates to fill the two vacancies existing in the Launceston and Saltash dental districts, this has been caused by circumstances having arisen since the introduction of the National Health Service Act whereby much larger salaries and better working conditions are being offered by Private Practitioners and Local Executive Committees who have applied the recommendations of the Spens Committee, than those being offered by Local Authorities, despite the fact that the latter authorities' dental officers are treating the Priority classes — viz. Primary and Secondary Schoolchildren, pre-schoolchildren and nursing and expectant mothers. The staff during the year has consisted of one Senior Dental Officer and slightly less than an equivalent of seven Assistant Dental Officers wholetime—(three Dental Officers being static (non-travelling) four being mobile).

Dental Centres.

Three fully equipped permanent dental centres of the approved 'A' type (consisting of one surgery, one waiting and one recovery room and a dental office) have been in operation during this year, but in temporary premises; it is hoped that during the coming year properties will become available to allow nine more centres of this type, seven of a 'B' type, these also fully equipped and four of a 'C' or experimental type, which latter will be replaced by surgeries to be built in the new proposed secondary or technical schools.

Equipment up to a value of £3,000 has already been purchased and is awaiting installation when premises have been approved by the Ministries of Health and Education.

Mainly because of local geographical difficulties in Cornwall the principle of bringing children to well equipped dental centres has been preferred to making use of caravans.

Dental Clinics have been held in nineteen halls, Institutes and similar premises where water and sometimes electric light is available, equipment of a mobile type being used here. In addition treatment is of necessity carried out in many schools under varying degrees of suitability and much praise is due to the head teachers who have rendered this service great assistance under conditions frequently presenting considerable inconvenience to themselves and their staff.

Dental Inspections.

During the year under review 19,563 children have received routine dental inspection, of these 14,561 were referred for dental treatment thus out of every 100 children inspected 74 needed dental attention in some form or another. Whilst this figure remains fairly constant, the amount of treatment needed per child becomes greatly reduced when an 'annual' inspection and treatment at least is made possible.

In addition, inspections have been made of 1,505 special cases which were sent to the dental officers for urgent relief of pain or because of irregularities of their teeth, and of these 1,342 received treatment.

At the request of the Ministry of Education in the Health of the School child 1939—1945, 1,038 schoolchildren of exactly five years of age, have been given a detailed inspection of a special nature. Research is being carried out to ascertain:—

1. The number of perfect mouths (i.e.) having no teeth carious, missing (by extraction) or filled.

2. The average number of deciduous teeth decayed, missing or filled per child.

The averages obtained per 100 children resulted in this County:—

1. Six.
2. Decayed (carious) teeth 205. Missing 41. Filled 2.

These figures prove that the dental condition of children entering schools is at present far from good, and it is to be hoped it will greatly improve when conditions permit, the regular inspection and treatment of children of pre-school age being undertaken as required under the National Health Service Act, 1946.

The foregoing figures show that a total of 22,896 children received a dental inspection during this year and that 299 sessions were necessary.

In a rural County such as Cornwall with its large proportion of very small schools often at great distances from each other the average number of children inspected per session cannot be as high as in thickly populated industrial regions.

~~Inspections, 299 sessions to see 19,564 children: 65 per session.~~

At a recent visit of inspection made by Dr. Wynne, a Medical Inspector of the Ministry of Education, the number inspected was one of the only two points of criticism he made regarding the set up of the County Dental Service. The other criticism was that the sooner dental treatment could be given in Truro in a well equipped dental centre, instead of as at present in a dental chair positioned in a basement dental laboratory, the better it would be for the service.

Owing to the large number of children under their care, it is taking Dental Officers two and in some cases even three years to complete the circuit of their dental districts, and

as previously stated in this report, treatment given at such lengthy intervals greatly increases the amount of dental treatment necessary per child.

Of 39,608 primary and secondary schoolchildren in this County, 20,000 neither received a dental inspection nor had the opportunity of dental treatment during the year. It is obviously useless to inspect large numbers of children for whom it would be impossible to carry out any treatment within a reasonable period.

Dr. Dagmar Wilson visited the County during the year and carried out an investigation into the number of children showing a condition of their teeth due largely to an unsuitable amount of fluorine in the drinking water, the results varied greatly in different districts, and will doubtless be commented on in another section of the School Health Report. Dr. Wilson did however report that the presence of fluorine in correct proportion in the water supply did greatly improve the tooth structure, but that this improvement was only of a temporary nature dependant upon the continued use of water having the fluorine content.

Treatment.

The acceptance rate during the year has risen to an average of 73%.

Acceptance rate:—

1944	...	43%	Cornish children
1945	...	47%	,, ,,
1946	...	57%	,, ,,
1947	...	65%	,, ,,

10,929 schoolchildren making 16,061 attendances have been given dental treatment of a complete nature, and has involved the following amount of work. No. of sessions 3,042; 3.6 children treated per session.

Fillings		Extractions		Other Operations	
Perm. teeth	Temp. teeth	Perm. teeth	Temp. teeth	Perm. teeth	Temp. teeth
13,533	1,599	1,915	7,782	5,925	5,494

The amount of work necessary per 100 children based on the above figures is:—

Fillings		Extractions		Other Operations	
Perm. teeth	Temp. teeth	Perm. teeth	Temp. teeth	Perm. teeth	Temp. teeth
120	14	18	70	54	52
					Total 106

Pupils requiring treatment who received it ... 75.

It is interesting to compare the above with the amount of work found necessary per 100 children among all the pupils inspected in England (excluding London) which for 1945 was as follows:—

Fillings		Extractions		Other Operations	
Perm. teeth	Temp. teeth	Perm. teeth	Temp. teeth	Perm. teeth	Temp. teeth
71	10	20	120	Total 38.	

Pupils requiring treatment who received it ... 67.4.

In this report under "other operations permanent teeth" such items are included as Root treatment, gum treatments and scalings, pulp cappings, acrylic splints for fractured incisors, jacket crowns, adjustments to orthodontic appliances and X-ray examinations.

"Other operations to temporary teeth" consists mainly of the Ammoniated Silver Nitrate reduction treatment of caries, after the cavities have been rendered non retentive.

During the year considerable time was lost because about 1,250 appointments were not kept by children, and these broken appointments ought, in justice to the Service, to be added to the total number of attendances made.

X-Ray.

During the year 59 children have been X-rayed in various hospitals throughout the County. This arrangement has not proved satisfactory mainly because of the time factor. Two transportable X-ray sets are on order with delivery promised for February next. It is hoped that two more will be obtained next year, and that attachments will

be fixed to the dental chairs in the remaining 8 'A' Centres so that only the head of the X-ray set will need to be transported when an X-ray is required in any of the 12 'A' type dental centres.

General Anaesthetics have been administered by the Chief Dental Officer to 298 pupils, 53½ sessions being devoted to this work. Unfortunately it has been necessary to limit this service because so few centres exist at present. where it can usefully be given.

Orthodontia and Dentures.

On the 5th July last the County Council set up a dental laboratory at 2, Strangways Terrace, Truro. The accommodation consists of a setting up laboratory, processing, plaster and polishing rooms.

Since that date 167 orthodontic appliances of a removable nature, 25 partial dentures and 6 repairs to appliances, etc., have been completed for Primary and Secondary schoolchildren.

Prior to this date 40 removable orthodontic appliances and four partial dentures were supplied to schoolchildren and were processed in a private laboratory in Plymouth.

It is of interest to record that the Council were successful in obtaining the services on their staff of the owner of the laboratory, which had previously carried out all their mechanical work since 1946.

279 children have received Orthodontic treatment by removable appliances.

10 children have received Orthodontic treatment by the use of fixed appliances.

Of the 1,915 permanent teeth extracted (as enumerated earlier in this report), 373 were removed for orthodontic reasons.

Whilst the Orthodontic treatment has been mainly under the supervision of the Chief Dental Officer, several

cases, presenting unusual difficulties, have been referred to the Eastman Clinic, London, the diagnosis and advice they have given has resulted in much benefit to pupils and dental staff alike.

The Dental Sub-Committee has considered and recommended that in conjunction with the Regional Hospital Board it would be helpful if an orthodontic specialist could be appointed on a part time basis, to visit various centres and give advice to Dental Officers on the more difficult cases, and the possibility is now being explored by the Board.

The history of treatment, original and interim models of completed Orthodontic cases and appliances used are being classified and filed in what is hoped will be a useful and interesting collection.

In order that the Routine dental treatment of a preventive nature shall not be unduly interfered with, the amount of Orthodontic treatment undertaken by each Dental Officer has been limited in accordance with the type of dental district.

In each case pupils have been informed at the onset of treatment that it will be necessary for them to come to a dental centre for all adjustments to apparatus, as too much time would be involved by Dental Officers visiting the patients.

It is also pointed out to patients that attendance on some Saturday mornings may be necessary and acceptance of those conditions by pupils and parents had resulted in very few cases discontinuing this treatment in the middle of its course.

Orthodontic treatment is now so popular that the demand has become somewhat embarrassing. In several districts very long waiting lists exist of patients who have already asked for treatment, so much so that it has proved difficult for Dental Officers to fit pupils for Orthodontic treatment into routine dental inspections. Much of the

treatment requested by pupils attending non-provided schools is of this nature.

It is hoped that in the near future negotiated salaries will attract candidates to the Public Dental Service so that Cornwall may become sufficiently staffed to allow not only adequate annual Inspection and Treatment but also to catch up and deal with the increasing number of children now awaiting treatment. It would be a matter of regret if a school dental service which has taken so many years to build up to the degree of usefulness it has now reached should be forced totally to disintegrate because of lack of staff.

PUBLIC HEALTH.

Mothers and Young Children Dental Scheme.

Much time has had to be spent during this year in preparing and formulating this scheme, but owing to lack of staff and suitable accommodation, it has not been possible to establish a service for the priority groups in many parts of the County.

Because permanent and suitably equipped dental centres already existed it was possible to commence the scheme in Falmouth during October and Penzance during November.

Meetings of Midwives, District Nurses and Health Visitors in these two areas were arranged at which the working of the Scheme was explained. The forms facilitating the attendance of patients at the dental centres, were explained and the recording of all patients, through the District Dental Officers, to Local Health Area Offices and the Central Dental Office was demonstrated. Dental Officers have also received information on matters such as availability of transport when necessary, making returns and the sessions to be allotted to this part of the Service. The latter being necessary in order to secure, that those they refer may know when, patients sent to Dental Centres may be sure that they will be seen.

Seven urgent cases have been seen and treated in four other dental districts.

Since the 5th July last the following Inspections and Treatment have been carried out during 39 sessions.

Inspections.

	Inspected	Found to require treatment	Referred for treatment
Ante-natal cases ...	43	43	43
Post natal cases ...	9	9	9
Pre-School cases ...	91	64	52

Treatment (a)

	No. treated	No. attendances made
Ante-natal cases ...	43	95
Post natal cases ...	9	12
Pre-school cases ...	52	77

Treatment (b)

X-ray	Scaling	Fillings		Extrac.		Gen.Anaes.	
		A.N. & P.N.	Pre Sch.	A.N. & P.N.	Pre Sch.	A.N. & P.N.	Pre Sch.
—	5	69	31	43	20	3	3

Oth. Treat.		Dent. Dress.	Dent. Fitted		No. persons
A.N. & P.N.	Pre Sch.		F.	P.	fitted with dentures.
37	22	3	4	1	3

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(INCLUDING SPECIAL SCHOOLS)

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups		
Entrants	...	3,495
Second Age Group	...	3,368
Third Age Group	...	3,295
Total	...	10,158
Number of other Periodic Inspections	...	1,654
Grand Total	...	11,812

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	1,912
Number of Re-Inspections	...	4,322
Total	...	6,234

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants ...	83	545	545
Second Age Group ...	302	479	725
Third Age Group ...	316	333	608
Total (prescribed groups) ...	701	1,357	1,878
Entrants to Sec. School ...	152	112	252
Other Periodic Inspections ...	233	73	276
Grand Total ...	1,086	1,542	2,406

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1948.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS No. of defects Requiring treatment	PERIODIC INSPECTIONS No. of defects Requiring to be kept under observation, but not requiring treatment.	SPECIAL INSPECTIONS No. of defects Requiring treatment	SPECIAL INSPECTIONS No. of defects Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin ...	173	39	52	22
5.	Eyes—a. Vision ...	1,155	139	572	75
	b. Squint ...	193	25	82	6
	c. Other ...	47	18	24	8
6.	Ears—a. Hearing ...	32	28	15	20
	b. Otitis Media	35	19	24	9
	c. Other ...	20	15	11	5
7.	Nose or Throat ...	323	540	152	92
8.	Speech ...	56	45	28	17
9.	Cervical Glands ...	6	71	11	22
10.	Heart and Circulation	45	186	23	78
11.	Lungs ...	89	189	63	89
12.	Developmental—				
	a. Hernia ...	19	6	6	3
	b. Other ...	10	13	13	3
13.	Orthopaedic—				
	a. Posture ...	71	155	32	18
	b. Flatfoot ...	130	78	36	17
	c. Other ...	118	49	70	35
14.	Nervous system—				
	a. Epilepsy ...	6	6	5	6
	b. Other ...	12	14	11	8
15.	Psychological—				
	a. Development	20	69	21	55
	b. Stability ...	37	46	14	39
16.	Other ...	109	75	41	55

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I.)

	No. of defects dealt with
ERRORS OF REFRACTION (including squint) ...	1,854
Other defect or disease of the eyes (excluding those recorded in Group I) ...	13
Total ...	1,867
No. of Pupils for whom spectacles were (a) Prescribed	1,469
(b) Obtained	1,151

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT

	Total number treated.
Received operative treatment—	
(a) for adenoids and chronic tonsillitis ...	282
(b) for other nose and throat conditions ...	13
Received other forms of treatment ...	51
Total ...	346

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS (See Note (b) on Table I).

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col.2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	4,951	1,467	29.6	3,166	63.9	318	6.4
Second Age Group	3,371	953	28.3	2,127	63.1	291	8.6
Third Age Group	3,261	1,157	35.5	1,962	60.2	142	4.4
Other Periodic Inspections ...	229	66	28.8	155	67.7	8	3.5
Total ...	11,812	3,643	30.8	7,410	62.7	759	6.4

TABLE III.

TREATMENT TABLES.

GROUP 1.—MINOR AILMENTS (excluding uncleanliness, for which see Table V.).

	Number of Defects treated, or under treatment during the year.
SKIN—	
Ringworm—Scalp—	
(i) X-Ray treatment ...	14
(ii) Other treatment ...	—
Ringworm—Body ...	26
Scabies ...	19
Impetigo ...	168
Other skin diseases ...	152
Eye Disease ... (External and other, but excluding errors of refraction, squint and cases admitted to hospital).	156
Ear Defects ...	72
Miscellaneous ... (e.g. minor injuries, bruises, sores, chilblains, etc.)	2,083
Total ...	2,690
(b) Total number of attendances at Authority's minor ailments clinics ...	11,511

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools ...	49
(b) No treated otherwise e.g. in clinics or out-patient departments ...	1,349

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

No. of pupils treated (a) under Child Guidance arrangements ...	131
(b) under Speech Therapy arrangements ...	201

TABLE IV.—DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers—		
	(a) periodic age groups	...	18,058
	(b) Specials	...	1,505
	(c) TOTAL (Periodic and Specials)	...	19,563
(2)	Number found to require treatment	...	14,561
(3)	Number actually treated	...	10,929
(4)	Attendances made by pupils for treatment	...	16,061
(5)	Half-days devoted to: (a) Inspection	...	299¼
	(b) Treatment	...	3,041¼
	Total (a) and (b)	...	3,340½
(6)	Fillings: Permanent Teeth	...	13,533
	Temporary Teeth	...	1,599
	Total	...	15,132
(7)	Extractions: Permanent Teeth	...	1,915
	Temporary Teeth	...	7,872
	Total	...	9,787
(8)	Administration of general anaesthetics for extraction		310
(9)	Other Operations: (a) Permanent Teeth	...	5,925
	(b) Temporary Teeth	...	5,494
	Total (a) and (b)	...	11,419

TABLE V.—INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorized persons ...	280,394
(ii)	Total number of individual pupils found to be infested	2,260
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	2,260
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	30